At this time it is too early to pass final judgment on the many measures submitted. However, the county society officers, who were in attendance at the fifth annual joint conference of State Association officers and County Society secretaries at San Francisco on February 22, will have carried back to their fellow members such additional information as came out in the discussions of certain measures.

* * *

Endorsements Should Be Studied.—It is well to keep in mind that the California Medical Association does not often sponsor new laws, although it is quite willing, in common with other citizen groups, to give support to those measures pertaining to public health and medical standards that make for the betterment of the people.

It may be in order again to remind component societies and members of the medical profession that it is wise procedure not to give group or individual endorsements to proposed laws, unless assurance has been first secured from the central office of the California Medical Association or the Committee on Public Policy and Legislation, that such approvals will not complicate matters.

To be kept in mind, too, is the important fact that more than a laudable objective should be necessary before sanctioning, orally or otherwise what, on the surface, may seem quite desirable legislation. The mechanics, procedures and technique, whereby the objectives are to be attained, should and must be carefully studied, and their worth, practicability and possible end-results estimated and, if possible, determined.

For it is just here, only too often, in procedures advocated, that the real menace to public health and medical standards may be found. Societies and individual members, therefore, are urged to use freely the facilities of the central California Medical Association office before granting endorsements, and thus avoid complications and embarrassing situations.

MEMBERS IN MILITARY SERVICE AND C. M. A. DUES

Services Being Rendered by the Medical Profession.—Throughout the United States, constituent state medical associations and their component county societies have taken steps to meet situations, sometimes new and puzzling, arising in connection with the existing national emergency.

Thus, referring to the examination of men called into the army under the Selective Service Act, it is questionable whether any other professional group of citizens is called to perform work of greater responsibility and amount than are the hundreds and thousands of physicians attached to the local, medical advisory, and appeal boards. All this service has been, is being, and will continue to be rendered in most generous manner by these members of the medical profession who are giving of their best professional knowledge and time to aid the Government in the important tasks it has in hand.

Problems of Physicians Called into Active Military Service.—The call for medical service, however, has not stopped with selective service work, because the immediate needs of the military arms of the United States have necessitated the withdrawal of many physicians from civil practice. In a profession in which income revolves almost entirely around the personality and capacity of each individual member—in contrast to business relationships where partners can carry on, or where on the absentee's return, it is possible for the returning soldier again to take up where he may have left off—the sudden transition from civil to military service is often complicated by great hardships, not only to future professional careers but immediately, as regards the individual's family and dependents.

For reasons such as these, medical societies are striving to do their bit in lightening the financial burdens of members called into service, by making provision for exemption or remission of dues. The attainment of this end is not always simple, because the requirements of dues, as outlined in by-laws, must apply to all members in equal measure.

* * *

Provision for Exemption of State Association Dues.—Such a condition exists in the California Medical Association, and the California Medical Association Council, at its meeting on February 23, considered the matter. The Council is solving the problem temporarily by instructing the Association Treasurer to "advance," from the general funds, the necessary monies to cover the membership dues of all active members of the year 1940, who have been or may be called into active military service. The by-laws provide that if State Association dues are not received on or before April 1 of a calendar year from members in good standing in the preceding year, such members on April 1 automatically lose their membership. The action taken by the Council will prevent such lapse of membership for those in the military services. Final solution of the problem has been referred to the supreme legislative body of the Association, the House of Delegates, which will meet at the Hotel Del Monte on Monday, May 5, 1941, at the next annual session. Meanwhile, the secretaries of the county medical societies are requested to inform all members in military service of the procedure approved by the Council of the California Medical Association.

* * *

Remission of Local Dues.—In view of the action taken by the Council, component county societies may wish, through by-law amendments or other procedures, to take somewhat similar action in order to relieve members called into Army or Navy service, from the requirement to pay local society dues.

MEDICAL STUDENTS AND SCHOOLS, AND THE MILITARY SERVICES

Problem of Deferment of Medical Students Under the Selective Service Act.—Among the pressing and important problems confronting those

officers of the Government who are charged with the administration of the Selective Service Act, is that which has to do with medical students who, unless they are placed in the deferred classes, must be inducted into the Army as line soldiers.

Members of the medical profession, faculty members of medical schools, and medical students also, join in not desiring to ask for special privileges from the Government. For the Selective Service Act, in order to be effective, must be of universal application to all male citizens in the selective age limits of 21 to 36.

All that is requested by the medical profession is that the officers of the Government and the people of the United States take into account certain important facts, weigh their worth in comparison with other governmental needs, and, if the data submitted are found sound and important to the well-being of the nation, to grant the same relative measures of deferment for medical students as are being given to men of selective age who are in the "essential industries" classes.

* * *

Reasons for Deferment.—Why should medical students and key-members of medical faculties receive from local selective service boards—in whom is vested the primary authority regarding deferments—the same consideration and favorable action that is granted to young men in the essential industries?

The answer is simple, and should be convincing:

Because an efficient military organization, and a high-working efficiency for selective service citizens in essential industries can not be maintained except as these two groups are under the supervision and care of well-trained physicians. An efficient army must be a healthy army, and a healthy army implies high-grade medical supervision.

Given an army of 1,400,000 men, for example, such as shortly will be in service—in peace camps or at the front in combat zones, will make little or no difference—the question may be asked, "How long a time will it require in these days of mechanized warfare and mass movements for the units of an army of such or greater size to become demoralized and lacking in force if the medical personnel is of deficient standard?"

The same question may likewise be put in relation to the hundreds of thousands of men now engaged in the "essential industries."

The answer in both cases cannot be other than, "Not very long."

Further, no amount of extraordinary or maximum output and disposition of military supplies and stores will ever compensate for the loss that could accrue from preventable illness, or unnecessarily delayed convalescence after illness or wounds; situations most apt to result, if the medical personnel in military and civil areas is permitted to deteriorate in quality of service, or to become lacking in quantity as regards physicians and surgeons needed, if military units are to properly function.

To be considered, also, are the following facts:

Annually, death takes from the group of practicing physicians about 4,000 doctors of medicine; whose places were filled in 1940 by some 5,097 graduates from the seventy-seven approved medical schools of the United States (see Educational Number, *J. A. M. A.*, August 31, 1940, page 699).

* * *

Size of Medical Personnel Needed for the Military Services.—It has been estimated, on the basis of 6.5 physicians to each 1,000 men, that the Army will require a medical personnel of more than 9,100 men, this figure including the 1,200 Doctors of Medicine now in the Medical Corps of the U. S. Army (Regulars, 1,200; National Guard, 1,100; and Selective Service divisions, 5,300).

Pressing needs will demand, therefore, the withdrawal from civil practice of about 7,900 physicians.

Army programs contemplate a five-year plan of training in the new military set-up, and the maintenance of as great a number of men under arms, or larger, than the initial 1,400,000 of the year 1941.

Therefore, if under conditions existing prior to the enactment of the Selective Service Act, the accretions into medical practice just about balanced the withdrawals through death, retirement, and other causes; and if now, in this year 1941, some 8,000 Doctors of Medicine are to be transferred from civil into military service; and if, at the same time, the number of graduates from approved medical schools is cut down through induction of medical students into line service, it is evident that there will soon be an imbalance of serious import, and this to the detriment of the best interests of the United States Army, the men in the "essential industries," and the civil population at large.

* * *

Local Boards Should Be Given Indicated Information.—That is why, in Chicago on February 15, at a joint conference with important educational and other bodies, the national committee on medical preparedness, which met in the American Medical Association headquarters, adopted resolutions requesting Mr. Clarence A. Dykstra, National Director of the Selective Service System, to memorialize the local service boards throughout the United States and to suggest to them that they give proper consideration to the status of medical students and interns, as regards possible deferments.

Dr. Ray Lyman Wilbur, president of Stanford University, at the California Medical Association conference of State Association and County Society officers, at San Francisco on February 22, also emphasized the need of proper evaluation of the "essential" worth of medical students and medical schools in a five-year program contemplated by the Government. Doctor Wilbur stated he had been told that thirty students of the School of Medicine of the University of Cincinnati had been drafted by local boards on the ground that toolmakers in some of the machine and tool works of that city were presumably more "essential" and,

therefore more eligible, for deferment than were the medical students!

* * *

Rôle of the Medical Schools.—What has been stated concerning medical students applies with equal force to key-men who are on the faculties of approved medical schools, and who may be in the selective age period, or be members of the Reserve Corps. The present standards of medical education, obtained after so many years of travail, must not be lowered; nor is there any necessity, even in the present emergency, that such a detrimental course be followed. The high quality of scientific medicine and medical service must be maintained, and the number of graduates and interns, for the reasons previously indicated, must not be decreased.

* * *

Subject Should Be Understood and Visualized by All Citizens.—The subject is one of paramount importance to the nation, because of the ultimate relationships of this problem to adequate medical care of the military forces, to citizens in the "essential industries," and to the American people. Members of the profession are justified in calling to the attention of local board members the reasons why deferments should be granted to students in approved medical schools, to interns in accredited hospitals, and to key-men on the faculties of schools of medicine.

AMERICAN MEDICAL ASSOCIATION ON TRIAL

The "Case of the United States of America vs. The American Medical Association, a corporation, the Medical Society of the District of Columbia, the Harris County Medical Society" [a component county unit of the State Medical Association of Texas], and others, came on for trial at Washington, D. C., on February 5, in the court of Associate Justice James M. Proctor. Reference is made thereto because of the extensive publicity that has been given to the case in the public press, from the time the charges were originally made through Assistant Attorney General Thurman Arnold, that the defendants were violating the Sherman Antitrust Act of 1890.

A report of the court proceedings in the case now on trial began in the *Journal of the American Medical Association* for February 15. The issue of that week devoted 28 pages to the report, and in the number for February 22, the transcript starts on page 714 and continues to page 770.

The length of these reports should not deter members from at least scanning the statements and evidence presented, and of determining for themselves the merits involved. Of necessity, testimony in a case such as this will take wide ramifications, as may be noted, for instance, on page 719 of the February 22 issue, where appears the testimony of Dr. Hugh Cabot of Boston concerning a privately owned clinic that has been operating in California. Or again, on page 728 of the same issue, where may be found the comments by Doctor Cabot concerning the connotations of paupers, indigents, and medical-indigents. As already stated, a perusal, or at least a cursory inspection of the trial reports will be worthy of some of the leisure time of practically all physicians. Much informative data will appear in these reports that should be thought-stimulating.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 131.

EDITORIAL COMMENT†

ADULT DIPHTHERIA IN SAN FRANCISCO*

Between 1917-1937 the proportion of adults with diphtheria averaged 15.9 per cent of the total cases, with very little statistical change from year to year. In this period of time, there was recorded a total of 3,344 cases with 335 deaths. Of this number of cases, 533 were in adults with 28 deaths. In 1937, an increase in cases of diphtheria in adults was noted. In this year, 12 cases in adults, or 35.3 per cent, of a total of 34 cases were admitted; in 1938, there were 17 cases, or 58.6 per cent, of a total of 29 cases; in 1939, 26 cases, or 57.7 per cent, of a total of 45 cases; and in 1940, 14 cases, or 48.2 per cent, of a total of 29 cases. For the period 1937 to 1940 inclusive, there were 137 cases, of which the adult cases were 69. Fifty-four of these 69 were males, and 15 were females. Many of the male adults were classified as itinerant laborers and residents of low-priced rooming houses, or were found living under substandard conditions.

In the group of sixty-nine adult cases for the period of 1937 to 1940 inclusive, there were twelve deaths, or 17.4 per cent. Of these twelve adult deaths, seven were chronic alcoholics; two had complications of cerebrospinal syphilis; two had marked avitaminosis, and one had chronic myocarditis. The duration of diphtheria in this group of adult deaths was four to twenty-one days before treatment. The ages recorded were from 27 to 59 years. In no adult case was there any history of previous immunization against diphtheria.

Discussion.—There appears to be a remarkable shift in recent years in the age incidence of diphtheria cases treated in the Isolation Division of the San Francisco Hospital. The increase in diphtheria in adults offers diagnostic difficulties and clinical problems because of complicating conditions. The admission centers of general hospi-

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

* From the Isolation Division of the San Francisco Hospital.